



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

RECEIVED

MAR 04 2011

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☒ Other (i.e. consolidation, intertie, trust water)

Explain: This a temporary transfer

FOR OFFICE USE ONLY

CHANGE No. CS3-00481C@1 WRIA 50

DATE ACCEPTED 04/04/2011 BY [Signature]

FEE \$ 50.00 REC'D 03/02/2011

CHECK No. 18507

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>MARY K. BAILEY</u>	PHONE NO. <u>(509) 923-2406</u>	FAX NO. <u>(509) 923-1923</u>
ADDRESS <u>62 BAILEY WAY</u>		
CITY <u>BREWSTER,</u>	STATE <u>WA</u>	ZIP CODE <u>98812</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>MARK C. MILLER</u>	PHONE NO. <u>(509) 689-3610</u>	FAX NO. <u>(509) 689-2903</u>
ADDRESS <u>PO BOX 1635</u>		
CITY <u>BREWSTER</u>	STATE <u>WA</u>	ZIP CODE <u>98812</u>

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>SEE ATTACHED S3-00481C</u>	RECORDED NAME(S) <u>VICTOR C. BAILEY</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: <u>N/A</u>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

481C

CS3-00481C@1

33-+00481C WR15			
FOR OFFICE USE ONLY			
APP. NO. <u>22631</u>	PERMIT NO. <u>S300481P</u>	CERT. NO. <u>S300481C</u>	CERT. OF CHANGE NO. _____

53-00481C

2011-2012

3. Point(s) of Diversion/Withdrawal:

A. Existing REFER TO S3-00481C

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
SEE ABOVE								

B. Proposed REFER TO S426372C

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
SEE ABOVE								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing REFER TO S3-00481C

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SEE ABOVE			

B. Proposed REFER TO S426372C

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SEE ABOVE			

5. Place of Use:

A. Existing REFER TO S3-00481C

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
PT. NE 1/4 OF NE 1/4 SEC 1 TWP 29 N RNG 23 E							
PT. N 1/2 OF NW 1/4 1/4 E NW 1/4 OF NE 1/4 SEC 6 TWP 29 N							
Excepting any parcels of land owned by BANRAC Douglas County RNG 24 E							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☒ NO - IF NO, PROVIDE OWNER(S) NAME:
Ralph Dobson

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):	S4-29264C S426684C

6. Remarks and Other Relevant Information:

I WOULD INTEND FOR ALL PERIODS OF USE AND ALL PURPOSES OF USE TO BE FULLY EXERCISED BY RALPH DOBSON
IF FOR SEASONAL OR TEMPORARY, START DATE <u>1/1/11</u> END DATE <u>12/31/11</u>

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

VICTOR C. BAILEY (DECEASED)

BY MARY K. BAILEY (WIFE)

(Applicant)

2/23/11
(Date)

VICTOR C. BAILEY (DECEASED)

BY MARY K. BAILEY (WIFE)

(Water Right Holder)

2/23/11
(Date)

VICTOR C. BAILEY (DECEASED)

BY MARY K. BAILEY (WIFE)

(Land Owner(s) of Existing Place of Use)

2/23/11
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____

S300481C
ATTACHMENT FOR
APPLICATION FOR CHANGE

Additional Signatures:

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

MARY K BAILEY
Print Name

Check all that apply

- ☒ Applicant or authorized representative
☒ Water Right Holder

Mary K. Bailey
Signature

2-23-11
Date

- ☒ Legal Owner ~~Existing~~ Existing Place of Use
☐ Legal Owner or Part Owner Proposed Place of Use

Ralph Dobson
Print Name

Check all that apply

- ☐ Applicant or authorized representative
☐ Water Right Holder

Ralph A. Dobson
Signature

2-23-11
Date

- ☐ Legal Owner or Part Owner Existing Place of Use
☒ Legal Owner ~~Proposed~~ Proposed Place of Use

Print Name

Check all that apply

- ☐ Applicant or authorized representative
☐ Water Right Holder

Signature

Date

- ☐ Legal Owner or Part Owner Existing Place of Use
☐ Legal Owner or Part Owner Proposed Place of Use

Print Name

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- ☐ Applicant or authorized representative
☐ Water Right Holder

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Date

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☐ Legal Owner or Part Owner Proposed Place of Use